

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>3357</u>	2. Fiscal Year Covered From: <u>1/1/04</u> Through: <u>12/31/04</u>
3. Name and address of person filing. Name <u>Thomas F Browne</u> P.O. Box, Bldg., Room No., if any Street <u>1000 Burr Ridge Parkway</u> City <u>Burr Ridge</u> State <u>Illinois</u> ZIP Code + 4 <u>60527</u>	4. Name, file number, and address of labor organization. Name <u>TEAMSTERS LOCAL 731</u> Labor Organization File Number <u>011948</u> P.O. Box, Building and Room Number, if any Street <u>1000 BURR RIDGE PARKWAY</u> City <u>BURR RIDGE</u> State <u>IL</u> ZIP Code + 4 <u>60527</u>
5. Position in labor organization. <u>Business-Representative</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>Thomas F. Browne</u>	On <u>7-8-05</u> <u>630 887-4100</u> Date Telephone Number

Name of Person Filing

Thomas F Browne

File Number U-

3357

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name: DOWD, BLOCH, BENNETT

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street: 8 SOUTH MICHIGAN AVE

City: CHICAGO

State: ILLINOIS

ZIP Code + 4 60603

9. Business deals with:

☒ a. Labor Organization☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name: TEAMSTERS LOCAL-731

Trade Name, if any: HEALTH WELFARE
PENSION FUND

P.O. Box, Bldg., Room No., if any

Street: 1000 BURR RIDGE PARKWAY

City: BURR-RIDGE

State: ILLINOIS

ZIP Code + 4 60527

11.a. Nature of such dealing.

PROVIDES LEGAL REPRESENTATION
TO UNION & TRUST FUND

11.b. Approximate dollar value of such dealing. UNKNOWN

12.a. Nature of interest held or income received.

XMAS GIFT
CAN OF POPCORN

12.b. Amount.

28.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name: JAMES RIDGE

Trade Name, if any: JAMES RIDGE ASSOCIATES

P.O. Box, Bldg., Room No., if any

Street: 101 N WALKER DRIVE

City: CHICAGO

State: ILLINOIS

ZIP Code + 4 60606

14.a. Nature of payment.

GIFT CERTIFICATE
UNSOLICITED FROM
ATTORNEY
I HAD NO DEALING WITH
HIM.

13.b. Is the Business an Employer yes or Consultant ?

14.b. Amount of payment.

\$50.00